PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

Date March 21, 2006

Registration No. 52 127 Telephone 502 615 0616	Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number									
FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1810.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) WARNING TOTAL AND EXAMINATION FEES For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Application Type Fee(s) Application Type Fee(s) Small Entity Application Type Fee(s) Pee(s)	The source and to the Consolidated Anamoriations Act 2005 (H.D. 4819)				<u> </u>					
FOR FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1810.00  Attorney Docket No. 51527/SAH/T539  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Deposit Account Number: Deposit Account Deposit Account Number: De						mber	10/735,494			
Applicant claims small entity status. See 37 CFR 1.27					Filing Date		December 12, 2003			
Art Unit   2826	For FY 2006				First Named In	ventor	Paul Douglas Yoder			
METHOD OF PAYMENT (\$ 1810.00   Attorney Docket No.   51527/SAH/T539	Applicant cl	Examiner Nam	е	Thomas L. Dickey						
METHOD OF PAYMENT (check all that apply)  □ Check		Art Unit		·						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SMall Entity Small Entity Application Type Fee (\$)	TOTAL AMOUNT OF PAYMENT (\$) 1810.00				Attorney Docke	t No.	51527/SAH			
Deposit Account Deposit Account Number:	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):									
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Under 37 CFR 1.16 and 1.17	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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Application Type										
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Utility   300   150   500   250   200   100			<b>Small Entity</b>		Small Entity		Small En	tity	F D-14 (A)	
Design   200   100   100   50   130   65						-		) !	rees Paid (\$)	
Plant   200   100   300   150   160   80	1		- 1					-		
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Total Claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)								-		
Fee Description   Fee (\$)   Fee (\$)		0	(	0	0	I F. 414 .				
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee Paid (\$)	P /A)									
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  - 3 or HP = x = Extra Claims  Fee (\$) Fee Paid (\$)  - 3 or HP = x = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =								)	25	
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	SUBMITTED BY									
	Signature	SUMPA DE	Registration No. (Attorney/Agent)	52,137	Te	lephone 503	-615-9616			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Soseph Pugh